

McCOWEN (Jennie)

INSANITY IN WOMEN.

BY

JENNIE McCOWEN, A.M., M.D.

DAVENPORT, IOWA.

LATE ASSISTANT PHYSICIAN IOWA STATE HOSPITAL FOR INSANE, AT MT. PLEASANT;
EX-PRESIDENT SCOTT COUNTY MEDICAL SOCIETY; MEMBER AMERICAN MED-
ICAL ASSOCIATION, IOWA STATE MEDICAL SOCIETY, NEW YORK
MEDICO-LEGAL SOCIETY; ATTENDING PHYSICIAN COOK
HOME FOR FRIENDLESS WOMEN;

AUTHOR OF "THE PREVENTION OF INSANITY," "THE RELATIONS AND DUTIES OF
THE GENERAL PROFESSION TOWARD INSANITY," "PSYCHIATRY IN IOWA,"
"PLAN FOR STATE CARE OF CHRONIC INSANE," "SUICIDE," "INE-
BRIETY: IS IT A DISEASE?" "HEREDITY," "WOMEN PHY-
SICIANS IN HOSPITALS FOR INSANE," ETC.



DAVENPORT, IOWA:

GLASS & AXTMAN, PRINTERS AND BINDERS.

1886.



INSANITY IN WOMEN.

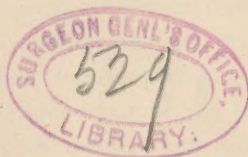
BY

JENNIE MCCOWEN, A.M., M.D.

DAVENPORT, IOWA.

LATE ASSISTANT PHYSICIAN IOWA STATE HOSPITAL FOR INSANE, AT MT. PLEASANT;
EX-PRESIDENT SCOTT COUNTY MEDICAL SOCIETY; MEMBER AMERICAN MED-
ICAL ASSOCIATION, IOWA STATE MEDICAL SOCIETY, NEW YORK
MEDICO-LEGAL SOCIETY; ATTENDING PHYSICIAN COOK
HOME FOR FRIENDLESS WOMEN;

AUTHOR OF "THE PREVENTION OF INSANITY," "THE RELATIONS AND DUTIES OF
THE GENERAL PROFESSION TOWARD INSANITY," "PSYCHIATRY IN IOWA,"
"PLAN FOR STATE CARE OF CHRONIC INSANE," "SUICIDE," "INE-
BRIETY: IS IT A DISEASE?" "HEREDITY," "WOMEN PHY-
SICIANS IN HOSPITALS FOR INSANE," ETC.



DAVENPORT, IOWA:

GLASS & AXTMAN, PRINTERS AND BINDERS.

1886.

REPRINT FROM TRANSACTIONS IOWA STATE MEDICAL SOCIETY, VOL. IV., 1886.

With the compliments of
the writer

INSANITY IN WOMEN.

There is evidence of a growing feeling among general practitioners that they have, as a rule, given the subject of insanity less attention, comparatively, than its importance demands. As students, their opportunities for acquiring a knowledge of mental diseases have been extremely limited, the few schools offering lectures on insanity usually summing up the treatment in a single sentence—“*Send the patient to a hospital for the insane.*” As practitioners, there has been a very general disposition to act upon the advice, leaving the whole subject to the hospital physicians. This course seemed the more justifiable because the latter, with every opportunity for studying the disease from both theoretical and practical points of view, and with unrivaled opportunities for putting their theories to the test of actual experience, might reasonably be expected to develop a rational and satisfactory theory of treatment. The seeming increase of insanity, however, together with the alleged decrease in the number of cures, notwithstanding the great improvement in methods of care and treatment, urges itself from time to time upon the attention of the profession. Whatever the facts in the case may be as to these particulars, it is undisputed that the disease has outstripped all our endeavors to provide for it; and the evils incident thereto are attaining such magnitude as not to be reassuring, if the limits have been reached in our interrogation of nature and science for remedial measures.

While some material differences exist among alienists as to etiology and methods of treatment, all are agreed that insanity is curable in its earlier stages only; and they affirm, as a reason for their lack of results as to treatment, that a large proportion of the cases sent to them are already incurable

before coming under their care. Some have estimated that *four-fifths* * of those remaining uncured are so by reason of this delay. If this be true—that four-fifths of the chronic insane of the State of Iowa lose their only hope of restoration to mental soundness while under the care, or at least the cognizance, of the general practitioners of the State—is not the subject one which may well receive more attention from us than has hitherto been accorded to it?

The present age is preëminently a practical one. The period of barren disputations over vague and metaphysical questions in psychology is happily in its decadence, the times demanding, instead, the consideration of those problems of practical moment—cure and prevention.

The question of cure hinges upon that of cause, and upon consulting the reports of hospitals for the insane, we find the alleged causes of insanity to be, for the most part, the common diseases and misfortunes of life. “Ill-health” stands first, or among the first, in point of numbers, in every list consulted. The diseases mentioned as causing insanity have been grouped as follows:

Acute diseases and injuries—as, pneumonia, pleurisy, erysipelas, the exanthemata, typhoid and other fevers, rheumatism, ophthalmia, and bodily injury.

Acute diseases and injuries immediately affecting the nervous system—as, sunstroke, cerebro-spinal meningitis, and injuries to the head.

General chronic diseases—as, organic disease of the heart, syphilis, lead poisoning, gastric derangement, hernia, psoas abscess, varicose ulcer, and malaria.

Chronic diseases especially affecting the nervous system—as, organic disease of the brain, apoplexy, and chorea.

Prolonged draft on vitality—as, prolonged over-exertion, over-study, old age, general prostration, prolonged lactation, excessive child-bearing, privation, and want.

* Report State Hospital for Insane at Mt. Pleasant, Iowa, 1878-79, p. 47.

Prolonged draft on vitality from emotional causes — as, business perplexities, loss of property, domestic troubles, disappointed affections, religious excitement, grief, anxiety, homesickness, seduction, rape, jealousy, ungoverned temper, and apprehension.

Sudden exhaustion of vitality — as from shock.

Exhaustion from vicious habits — as, venereal excesses, onanism, etc.

The puerperal condition, abortion, diseases and disorders of the female sexual system; and last, but by no means least, *heredity*.

From this enumeration of causes, taken from the published reports of asylums for the insane, it would seem that insanity is very commonly consecutive (whether there be causal relations or not) to disorders of the general system.

That the mind is influenced by physical states is a matter of every-day clinical experience: as witness the delirium of fevers, the delirium and coma of teething and intestinal irritation in children, the perverted feelings and loss of intellectual power in indigestion and biliousness, the coma of suppression of urine, the exaltation of pulmonary disease, the apprehension of heart disease, the depression and mental gloom of sexual disorders, the mental states of pregnancy; the mental prostration, visual hallucinations, delirium, and coma of inanition; the melancholy and mental perturbation of gout, etc. It is also a matter of common experience that, in certain of these cases, the mental symptoms increase in intensity until the physical condition is overshadowed by the mental, and pronounced insanity is established. There are differences of opinion, however, as to whether the insanity is caused by, or only coincident with, the physical condition, the definite relations of morbid states of the body to disordered mental function being, as yet, largely conjectural.

The relations existing between the brain and nervous system and the reproductive system is an important division of the general subject. That there is an intimate and essential sym-

pathy, has attracted the attention of both ancient and modern writers, but the nature of the influence and the manner in which it is exerted has not been investigated with any very definite results.

Dr. Skene * has called attention to the desirability of studying more thoroughly the interdependence and correlation of the several systems of the human body — a study which, he justly remarks, differs very decidedly from a knowledge of special parts. For convenience of study, he groups the entire organism under three heads, viz.: (1) the general, (2) the nervous, and (3) the sexual systems. He observes that the general, or nutritive, system, including all that is requisite for the maintenance of the individual, is self-sustaining, and capable of an independent existence. The reproductive system, on the other hand, like the nervous system, is dependent upon the nutritive for support, and is incapable of a separate existence. Deriving its organic innervation and blood supply from the general system, it is liable to modification by the variations of that system. This connection renders it possible, also, for the reproductive system to react upon the general system for good or evil; and the cerebrum, from a like connection with both, is capable of affecting both and being affected by both. The most striking evidence of such correlation may be observed at the advent of puberty, the mental evolution being no less complete and striking than the physical. The normal functional activity of the sexual system in woman, the periodic activity of the ovaries in menstruation, the natural cessation of that function at the menopause, the puerperal condition, all furnish additional evidence of a constant interchange of nervous influence between these organs and the brain and nervous system. Organic or functional disorder of this system is accompanied by disordered nervous and mental manifestations in so many cases as to suggest a possible causative relation between them.

* Relations Existing between the Organs of Reproduction and the Brain and Nervous System in Women, by A. J. C. Skene, M.D., in *Annals Surgical and Anatomical Society*, November, 1880.

The notion that the sex plays an important part in the causation of insanity is by no means a modern one, but, like many other theories in medicine, dates back to the remotest antiquity. Storer* informs us that Areteus, of Cappadocia, held that a frequent cause of mania was to be found in the suppression of the menses or difficulty in their establishment. Soranus enumerates, among other causes, the long-continued use of medicines which excite the generative organs; also, the suppression of their periodic discharge. Before the expedition of the Argonauts, and before Hippocrates, it is said that the daughters of King Prætus were cured of an affection which, perhaps, in these days, we should call hysterical insanity, by means of hellebore, which was then supposed to exercise a peculiar influence upon the uterus. It is interesting to note, also, that, even at this early period, differences of opinion were entertained upon the subject, Cœlius Aurelianus combating the theory and affirming that women were less subject to insanity than men.

During the Middle Ages all trace of the notion of insanity as a disease was lost, and Pinel's great work was not so much striking the chains from the insane (Chiarugi anticipating him in that†) as in boldly proclaiming what was then supposed to be a new doctrine—that insanity was a *disease*, instead of a demoniacal possession. With the revival of this belief, causation began to receive attention, and again the theory began to be entertained that mental disorder in women was often dependent upon functional or organic disturbance of the reproductive system.

At the present time, we find two extremes of opinion promulgated—one class of physicians being sweeping in their conclusions as to the causative influence of pelvic disorders, the other holding such influence as too insignificant to require attention. The one extreme is well represented by Storer,

*Insanity in Women, by H. R. Storer, M.D.

† Italian Medical Journal, January, 1882.

who insists that the major part of the insanity in women is caused by reflex uterine irritation, and that, in a majority of cases, a condition of the uterus or ovaries will be found requiring special examination, special consideration, and special treatment; the other extreme by a hospital physician, who, with an extended experience in the care of insane women, *had never met a case* of insanity which he regarded as the result of disordered or suppressed menstruation, and says: "Insanity as a reflex expression of uterine disease, not infrequently spoken of, I am not sure I have ever seen." *

The truth probably lies between these two extremes; nor must it be forgotten, in this connection, that insanity is, in the fewest number of instances, the result of any one cause. Much more frequently it is, as is well known, but the culmination of a long line of unfortunate circumstances, operating, it may be, through a series of years. Undoubtedly in mental, as in other diseases, the union of the objective and subjective causes are required to constitute disease, the local injury usually becoming operative only when united with constitutional tendency. Some form of menstrual derangement is so constant an accompaniment of insanity, that it is not surprising that it should come to be regarded as having causal relation to the mental condition. Such desultory study as has been given the subject, however, has, as yet, failed to demonstrate any particular variety of mental derangement as connected with disordered menstruation; and, at the same time, we find normal and regular menstruation existing in connection with every form of insanity from which women suffer. While in recurrent mania exacerbations often occur at menstrual periods, which might seem to indicate a relation to the menstrual function, we cannot overlook the fact that periodicity is more or less the law of all nervous disease; and, furthermore, recurrent mania is not confined to women, but, on the testimony of so eminent an

* Report Hospital for Insane at Mt. Pleasant, Iowa, 1878-79; Medical Superintendent, Mark Ranney, M. D.

authority as Maudsley, occurs with almost equal frequency in men.*

In the insanity occurring at the advent of puberty, which usually is ascribed to reflex irritation, there are no clinical features, so far as the mental symptoms are concerned, by which it may be distinguished, and in many cases, so far as we have been able to discover, the sexual organs are well developed and performing their functions normally.

Insanity occurring at the menopause is equally without distinctive features, and we can but query how much influence may not be justly ascribed to the deranged condition of the general system, the disordered nutrition and secretion, which is generally present at this time.

Three distinct varieties are enumerated under the head of puerperal insanity: † (1) that which occurs during pregnancy; (2) that which follows parturition, and is probably puerperal; (3) that which is developed months later, it may be, during lactation. But has any expert in mental disease been able to point out the pathognomonic symptoms by which the insanity of lactation may be distinguished from the insanity coincident with bodily debility from any other exhausting drain? And is it not true that the mental condition in either of the three forms is sometimes mania, sometimes melancholia, and sometimes acute dementia, without any symptoms to distinguish them from these same forms of insanity occurring in the non-puerperal state?

I can but think that more conclusive evidence than has yet been adduced is essential to the belief that any woman should, *by reason of her sex*, be unable to bear the ordinary trials of life or the natural physiological functions of her organism.

That diseased conditions of the sexual organs exert a powerful influence over the nervous system, must be conceded, as clinical observation affords ample proof of it, and the general

* *Body and Mind*, by Henry Maudsley, M. D., p. 79.

† *Insanity of Pregnancy, Puerperal Insanity, and Insanity of Lactation*, by J. B. Tuke, M. D.

practitioner constantly sees cases in which, in connection with some utero-ovarian complication, the mental irritability, sleeplessness, perversity, and abnormal conditions of various kinds, progressively develop, until the depression becomes melancholy, the unreasoning outbursts of passion merge into veritable outbreaks of maniacal excitement, the anomalous and distressing symptoms complained of deepen into actual delusions, and the woman becomes insane, and, by popular verdict, from "female disease." But in attempting to account for the insanity, should we not take into consideration the condition of the general system, which, in these cases, is often marked by such grave deviations from the normal standard of health as have in themselves been enumerated among the causes of insanity? On the other hand, it is to be considered how far the bodily condition may not be the result of the mental condition, as we know that the mind does powerfully excite, modify, or suspend organic function, causing changes in nutrition, secretion, and excretion, and thereby affecting the development and maintenance of the body.* Again, might we not pertinently inquire into the possibility of the localized sexual disorder also being the result of the mental condition, rather than its cause? It is well known that in health sexual excitation may proceed from the mind, and cases are not unknown to the physician in which premature and imperfect functional activity is induced by over-attention to this region, and other cases in which the badly organized brain, by stimulating and perverting the normal emotions, has engendered debility and disease.

Again, the significant fact forces itself upon our attention, that there is no constant form of mental aberration accompanying uterine disorder, and that, whatever form the mental alienation may take, there are no pathognomonic features by which it may be distinguished from the mania, melancholia, or dementia which is not accompanied by uterine complications.

* Influence of the Mind upon the Body, by Daniel Hack Tuke, M. D.

A mass of clinical testimony, however, may be found in the current literature of the day, seeming to sustain, in a striking manner, the theory of a pelvic causation in the insanity of women — as, for example, the case given, by Duncan,* of dysmenorrhœa, accompanied with attacks of suicidal mania, the height of the maniacal excitement bearing a direct ratio to the severity of the dysmenorrhœa, not being manifested on occasions when the dysmenorrhœa was slight, and being greatest when the dysmenorrhœa was severe.

Noegerrath† reports a case of puerperal mania complicated with ovarian cyst. The cyst was removed, and from the time the patient came out from under the chloroform she was entirely rational, and continued so.

Skene‡ reports four cases of acute mania developed during the course of pelvic peritonitis. In three of these cases, and possibly the fourth, the ovaries were affected. When the local disease subsided, the mania disappeared, and has not returned in any of the cases.

Schroeder van der Kolk mentions the case of a woman profoundly melancholic, who suffered from prolapsus uteri, and in whom the melancholia disappeared when the uterus was restored to its proper place.

Flemming relates two similar cases, in which the mental malady was cured by the use of a pessary, the depression returning in one of them whenever the pessary was removed.

Maudsley|| met a case of *two years* standing, in which the mental symptoms disappeared upon the replacing of a prolapsed uterus.

Dr. T. B. Wilkerson§ reports a case of removal of the ovaries for insanity with marked erotic tendencies of two years duration. The patient recovered from the operation in three weeks, and in three months sanity was perfectly restored.

* Clinical Lectures on Diseases of Women.

† Journal of Obstetrics, October, 1880.

‡ Journal of Obstetrics, January, 1881.

§ American Journal of Insanity, April, 1882.

|| Body and Mind, by Henry Maudsley, M.D.

On the other hand, there is no lack of cases in which treatment addressed to the local complications has been practically *nil* in its effect upon the mind — though such cases are not apt to be so promptly and prominently reported to the medical press. In my own practice occurred a case in which mental aberration supervened *upon the cure of the local disorder*.

The results attained in hospitals for the insane, where the difficulties in the way of treatment are reduced to a minimum, are interesting and instructive, if not conclusive.

At the Harrisburg (Pennsylvania) Hospital for the Insane, thirty per cent of the whole number of women were thought to have uterine complications, and twenty-three per cent were under treatment. The results, however, have been largely negative. While menstruation was, in many cases, irregular, it was not found to be so in the majority of cases. Perineal ruptures and cervical lacerations, with all their train of attendant evils — displacements, chiefly — retroversion, prolapsus, procidentia, hyperplasia, metritis, endo-metritis, vaginitis, and ovaritis were found in varying numbers. Three well-developed cases of uterine fibroids were under care. The existence of particular delusions, illusions, or hallucinations was not demonstrated as characteristic of either disease in general, of these organs, or of any special form. The same train of mental symptoms were present in these cases as in hosts of other insane people, both men and women. The treatment resulted in notable improvement of the general health, and produced a more steady and equable nervous state, without the same fluctuations of excitement and depression as formerly; but the conclusions reached were adverse to the hope that the percentage of recoveries would be increased by the uterine treatment.*

In the Kings County Asylum, at Flatbush, Long Island, fourteen per cent only of the female patients menstruated regularly and normally. During six months under observation, 30 of the remaining 165, or over fifteen per cent, did not menstruate at all,

* Reports Lunatic Hospital at Harrisburg, Pennsylvania, 1882-83.

4 menstruated once, 8 twice, 10 three times, 18 four times, 34 five times, 24 six times at irregular intervals, 31 seven times, and 6 eight times, within the six months. This record certainly indicates a very marked disturbance in the menstrual function. Fifty per cent of the whole number of women inmates were under treatment. The same organic affections of the uterus and ovaries were found as are met with among rational beings. Malignant disease of the uterus and the products of former diseases, such as pelvic peritonitis, cellulitis, and puerperal metritis, were thought to occur more frequently among this class of patients than among sane women. The physical signs did not differ, except that there was a marked absence of tenderness and pain. Treatment was based upon the same general principles which guide in ordinary practice, details being modified to suit the exigencies of each case.

The conclusions reached by Dr. Skene, the gynecologist connected with the hospital, were that acute affections of the brain and nervous system, due originally to disease of the sexual organs, will be relieved, in a large majority of cases, by curing the primary affection. In sub-acute mania caused by, or aggravated by, disease of the sexual organs, marked benefit or prompt recovery may be expected to follow the cure of the pelvic disease. On the other hand, chronic mania, associated with disease of the sexual organs, will often remain unchanged after the local disease has been relieved.*

I have asked your attention to this subject, not with the purpose of advocating either side of this disputed question — it is not to be settled by mere assertions of opinions, however emphatic or from whatever source — but to ask your attention, as a body of general practitioners, under whose care the disease comes in its incipient stages, to the desirability of giving this branch of nervous disease more attention than it has hitherto received. However we may differ as to the nature of mind, we must all agree that its manifestations take place through the

* Gynecology as Related to Insanity in Women, by A. J. C. Skene, M. D., in *Archives of Medicine*, February, 1880.

nerves, and that mental derangements are the result of nervous disease, to be studied by the same methods of investigation as other nervous disease. Insanity is a disease manifesting itself by physical, as well as mental, symptoms; and I can but think that the future of psychology is to come through a more careful study of the relations subsisting between physical conditions and mental states — not the abstract acceptance of the theory merely (which is not a new one to the profession), but the practical and painstaking application of it to individual cases. And as the hospital physician rarely sees the disease in its earlier stages, the experience and observation and study of the general practitioner as well is necessary in order to arrive at the whole truth.

The general practitioner, as compared with the hospital physician, labors under the disadvantage of seeing but a limited number of cases; and while few, perhaps, may be justified in drawing conclusions from the occasional cases occurring in their own practice, they may, and of duty ought to, increase the general fund of information by giving to each case keen and critical study by the same exact methods of investigation which have achieved so much in other directions. I am persuaded that if for a series of years, in addition to an accurate description of the mental manifestations, an exact record should be kept of all the physical symptoms (as has been done in typhoid fever, pneumonia, etc.), the collection of such records and their comparison might reveal facts which would justify a decided opinion where we now have mere conjecture, and might, let us hope, throw some light upon the unilluminated field of prevention.

A disease which deprives a man of all his rights and privileges as a member of the community in which he lives, of his right to liberty and the pursuit of happiness according to his own methods, of his right to the enjoyment of home, to the society and care of his family, to himself; a disease which tends neither to recovery nor death, but to chronicity, during which its subjects cease to be producers and become consumers

through long periods of years; a disease which year by year seems to increase in frequency, and at the same time to yield less readily to treatment, and which, during its incipient and curable stages, is most often under our care, may surely claim from us the most careful study by the most approved methods known to the profession.

